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**TECH CENTER 1600/2900**

Docket No.: NEB-199-C  
(35789/241825 (5789-3A))

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: N. Craig EXAMINER:  
APPLICATION NO.: 10/024,809 GROUP:  
FILED: December 19, 2001  
FOR: Gain of Function Mutations In ATP-Dependent  
Transposition Proteins

The Honorable Commissioner of  
Patents and Trademarks  
Washington, DC 20231

Sir:

**REVOCATION OF POWER OF ATTORNEY**

**OR**

**AUTHORIZATION OF AGENT**

Applicants submit herewith a Revocation of Power of Attorney  
or Authorization of Agent signed by the Assignee, The Johns Hopkins  
University School of Medicine, to change the correspondence address  
for the above-identified Application to:

Gregory D. Williams  
New England Biolabs, Inc.  
32 Tozer Road  
Beverly, MA 01915

02/11/2003 SMINASS1 00000005 10024809

01 FD:1460

130.00 OF

N. Craig

U.S.S.N.: 10/024,809

Filed: December 19, 2001

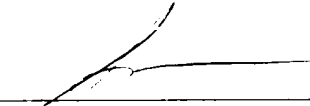
Page 2

Applicants have also submitted herewith an executed Declaration and Power of Attorney for the above-identified Application, along with a check in the amount of \$130 for filing Declaration and Power Attorney.

Respectfully submitted,

NEW ENGLAND BIOLABS, INC.

Dated: 1/16/02

  
\_\_\_\_\_  
Gregory D. Williams  
(Reg. No. 30901)  
Attorney for Applicants  
32 Tozer Road  
Beverly, Massachusetts 01915  
(978) 927-5054; Ext. 292

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(Replaces PTO Form 605)

FORM 12-2.1

12-25

Please type a plus sign (+) inside this box →



PTO/SB/82 (10-00)

Approved for use through 10/31/2002 OMB 0657-0045  
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# REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/024,809
Filing Date	December 19, 2001
First Named Inventor	Nancy L. Craig
Group Art Unit	
Examiner Name	
Attorney Docket Number	35789/241825 (5789-3A)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith

OR

☐ Please change the correspondence address for the above-identified application to

☐ Customer Number

\_\_\_\_\_

Place Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	New England Biolabs, Inc./Gregory D. Williams				
Address	32 Tozer Road				
Address					
City	Beverly				
Country	US	State	MA	ZIP	01915
Telephone	(978) 927-5054	Fax	(978) 927-1705		

I am the

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(h) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name	Gregory D. Williams
Signature	<i>Gregory D. Williams</i>
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

New England Biolabs, Inc.

32 Tozer Road

Beverly, MA 01915

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DECLARATION  
AND POWER OF ATTORNEY  
Original Application

Attorney

35789/241825 (5789-3)

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As a below named inventor, I hereby declare that:

My residence, post address and citizenship are as stated below next to my name

I believe that I am the original, first and sole inventor (in only one name is listed at 201 below) or an original

first and joint inventor (if plural names are listed at 201-203 below) of the subject matter which is claimed and which a patent is sought on the invention entitled:

Gain of Function Mutations In ATP-Dependent Transposition Proteins

which is described and claimed in:

☐ the attached specification or ☒ the specification in Application Serial No. 10/024,809 filed 12/19/01  
(for declaration not accompanying application)

And was amended on \_\_\_\_\_

if applicable

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN APPLICATION(S) IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION

COUNTRY	APPLICATION	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES NO
			YES NO

ALL FOREIGN APPLICATION(S) IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION

COUNTRY	APPLICATION	(day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)
09/027,169	February 20, 1998	Patented
60/037,955	February 20, 1997	

DECLARATION  
AND POWER OF ATTORNEY  
PAGE 2 OF 3

**POWER OF ATTORNEY:**

As a named inventor, I hereby appoint the following attorney with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Gregory D. Williams Harriet M. Strimpel  
(Registration No. 30901) (Registration No. 37008)

**SEND CORRESPONDENCE TO:**

Gregory D. Williams  
General Counsel  
New England Biolabs, Inc.  
32 Tozer Road  
Beverly, MA 01915

**DIRECT TELEPHONE CALLS TO:**

Harriet M. Strimpel  
Patent Counsel  
New England Biolabs, Inc.  
Tele: (978) 927-5054; Ext. 373  
Fax: (978) 927-1705

2	Full Name of Inventor	Last Name Craig	First Name Nancy	Middle Name L.
0	Residence & Citizenship	City Baltimore	State/Foreign Country Maryland	Citizenship USA
1	Post Office Address	Post Office Address 1000 Fell Street Apartment 422	City/State/Country Baltimore, MD	Zip Code 21231
2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
2	Post Office Address	Post Office Address	City/State/Country	Zip Code
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0	Residence & Citizenship	City	State/Foreign Country	Citizenship
3	Post Office Address	Post Office Address	City/State/Country	Zip Code
2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
4	Post Office Address	Post Office Address	City/State/Country	Zip Code
2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
5	Post Office Address	Post Office Address	City/State/Country	Zip Code

DECLARATION  
AND POWER OF ATTORNEY  
PAGE 3 OF 3

2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
6	Post Office Address	Post Office Address	City/State/Country	Zip Code
2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
7	Post Office Address	Post Office Address	City/State/Country	Zip Code
2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
8	Post Office Address	Post Office Address	City/State/Country	Zip Code
2	Full Name of Inventor	Last Name	First Name	Middle Name
0	Residence & Citizenship	City	State/Foreign Country	Citizenship
9	Post Office Address	Post Office Address	City/State/Country	Zip Code

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201	Date
Signature of Inventor 202	Date 1/22/03
Signature of Inventor 203	Date
Signature of Inventor 204	Date
Signature of Inventor 205	Date
Signature of Inventor 206	Date
Signature of Inventor 207	Date
Signature of Inventor 208	Date
Signature of Inventor 209	Date